

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000056731

Entity Name: ALFA AFFILIATED INC.

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6652 VIA REGINA  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

6652 VIA REGINA  
BOCA RATON, FL 33433

**New Mailing Address:**

FEI Number: 74-3213869

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SALAS, MARGARITA E  
6652 VIA REGINA  
BOCA RATON, FL 33433 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: MS.  
Name: SALAS, MARGARITA E  
Address: 6652 VIA REGINA  
City-St-Zip: BOCA RATON, FL 33433

Title: MR.  
Name: ULLOA-SALAS, FELIPE O  
Address: 6652 VIA REGINA  
City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARGARITA E. SALAS

MS.

04/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date